



Form <b>1040</b>		Department of the Treasury—Internal Revenue Service (99) <b>U.S. Individual Income Tax Return</b>		<b>2018</b>		OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.	
Filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)							
Your first name and initial <b>NELSON</b>			Last name <b>Richard</b>			Your social security number <b>433 02 2753</b>	
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind							
If joint return, spouse's first name and initial			Last name			Spouse's social security number	
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954						<input type="checkbox"/> Full-year health care coverage or exempt (see inst.)	
<input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien							
Home address (number and street). If you have a P.O. box, see instructions. <b>14907 CROMWELL CIRCLE</b>						Apt. no.	
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. <b>CHANNELVIEW 77530</b>						Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse	
Dependents (see instructions):							
(1) First name		Last name		(2) Social security number		(3) Relationship to you	
						(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
						Child tax credit Credit for other dependents	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	
						<input type="checkbox"/> <input type="checkbox"/>	

**Sign Here**

Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature <b>Nelson Richard</b>	Date	Your occupation <b>Retired</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only**

Preparer's name	Preparer's signature	PTIN	Firm's EIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name ▶			Phone no.	
Firm's address ▶				

Attach Form(s)  
W-2. Also attach  
Form(s) W-2G and  
1099-R if tax was  
withheld.

**Standard****Deduction for—**

- Single or married filing separately, \$12,000
- Married filing jointly or Qualifying widow(er), \$24,000
- Head of household, \$18,000
- If you checked any box under Standard deduction, see instructions.

<b>1</b>	Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . .	<b>1</b>	
<b>2a</b>	Tax-exempt interest . . . . .	<b>2a</b>	
<b>3a</b>	Qualified dividends . . . . .	<b>3a</b>	
<b>4a</b>	IRAs, pensions, and annuities . . . . .	<b>4a</b>	
<b>5a</b>	Social security benefits . . . . .	<b>5a</b>	
<b>6</b>	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 . . . . .	<b>6</b>	
<b>7</b>	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6 . . . . .	<b>7</b>	
<b>8</b>	<b>Standard deduction or itemized deductions</b> (from Schedule A) . . . . .	<b>8</b>	
<b>9</b>	Qualified business income deduction (see instructions) . . . . .	<b>9</b>	
<b>10</b>	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0- . . . . .	<b>10</b>	
<b>11</b>	<b>a</b> Tax (see inst.) _____ (check if any from: <b>1</b> <input type="checkbox"/> Form(s) 8814 <b>2</b> <input type="checkbox"/> Form 4972 <b>3</b> <input type="checkbox"/> _____ )	<b>11</b>	
	<b>b</b> Add any amount from Schedule 2 and check here . . . . . <input type="checkbox"/>	<b>11</b>	
<b>12</b>	<b>a</b> Child tax credit/credit for other dependents _____ <b>b</b> Add any amount from Schedule 3 and check here <input type="checkbox"/>	<b>12</b>	
<b>13</b>	Subtract line 12 from line 11. If zero or less, enter -0- . . . . .	<b>13</b>	
<b>14</b>	Other taxes. Attach Schedule 4 . . . . .	<b>14</b>	
<b>15</b>	Total tax. Add lines 13 and 14 . . . . .	<b>15</b>	
<b>16</b>	Federal income tax withheld from Forms W-2 and 1099 . . . . .	<b>16</b>	
<b>17</b>	Refundable credits: <b>a</b> EIC (see inst.) _____ <b>b</b> Sch. 8812 _____ <b>c</b> Form 8863 _____	<b>17</b>	
	Add any amount from Schedule 5 . . . . .	<b>17</b>	
<b>18</b>	Add lines 16 and 17. These are your total payments . . . . .	<b>18</b>	
<b>19</b>	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you <b>overpaid</b> . . . . .	<b>19</b>	
<b>20a</b>	Amount of line 19 you want <b>refunded to you</b> . If Form 8888 is attached, check here . . . . . <input type="checkbox"/>	<b>20a</b>	
<b>b</b>	Routing number _____ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
<b>d</b>	Account number _____		
<b>21</b>	Amount of line 19 you want <b>applied to your 2019 estimated tax</b> . . . . . <b>21</b>		
<b>22</b>	<b>Amount you owe.</b> Subtract line 18 from line 15. For details on how to pay, see instructions . . . . . <b>22</b>		
<b>23</b>	Estimated tax penalty (see instructions) . . . . . <b>23</b>		

**Refund**

Direct deposit?  
See instructions.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.